

**Experiment Number:** 20712 - 04

**Test Type:** CHRONIC

**Route:** DOSED FEED

**Species/Strain:** MICE/B6C3F1/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Tris(Chloropropyl)phosphate

**CAS Number:** 13674-84-5

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

**Lab:** BAT

Final 2\_Mice

**NTP Study Number:** C20712

**Lock Date:** 02/26/2018

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 3.0.2.3\_002

**PWG Approval Date:** NONE

**Experiment Number:** 20712 - 04

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**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

		DAY ON TEST	Males (cont...)																				
B6C3F1/N MICE MALE			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0 ppm males		ANIMAL ID	07	07	07	07	05	07	06	07	06	06	07	06	07	07	07	07	05	06	07	07	06
36	55	51	55	15	56	22	81	61	86	83	88	33	56	77	66	55	14	47	55	36	25	22	44
00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	
00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	
00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	
11	22	32	42	52	62	72	82	90	01	12	34	45	67	89	02	11	12	22	21	22	23	24	

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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Lab: BAT

		DAY ON TEST	males (cont...)																									
B6C3F1/N MICE MALE			0 ppm males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	ANIMAL ID	0	7	7	7	7	5	7	6	7	7	6	6	7	6	7	7	7	7	5	6	7	7	3	3	2	4	
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Epithelium, Hyperplasia, Focal																												
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>CARDIOVASCULAR SYSTEM</b>																												
Blood Vessel		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Cardiomyopathy																												
Polyarteritis Nodosa																												
<b>ENDOCRINE SYSTEM</b>																												
Adrenal Cortex		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia, Focal																												
Hypertrophy, Focal																												
		2	1	2																								
Adrenal Medulla		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Parathyroid Gland		+	+	+	+	+	+	M	+	+	M	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Pars Intermedia, Hyperplasia																												

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	males (cont...)																								
B6C3F1/N MICE MALE			0 ppm males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		ANIMAL ID	7	7	7	7	7	5	7	6	7	7	6	6	7	6	7	7	7	5	6	7	7	7	3	3	3
			6	5	5	1	5	6	2	8	1	6	8	3	6	7	6	7	3	5	1	4	7	5	6	2	4
Spleen			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Extramedullary Hematopoiesis					2	3		1		2	1		4	1		3	1		2	1	3		1				
Thymus			+	+	+	+	+	M	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	M	
Atrophy																											
<b>INTEGUMENTARY SYSTEM</b>																											
Mammary Gland			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Skin			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>MUSCULOSKELETAL SYSTEM</b>																											
Bone			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Skeletal Muscle																											
<b>NERVOUS SYSTEM</b>																											
Brain			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Meninges, Polyarteritis Nodosa																											
<b>RESPIRATORY SYSTEM</b>																											
Lung			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Infiltration Cellular, Histiocyte																											
Alveolus, Epithelium, Hyperplasia																											
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	0 ppm males																				* TOTALS	
B6C3F1/N MICE MALE			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		ANIMAL ID	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7		
			3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
			2	6	5	6	6	5	8	6	5	6	2	1	2	5	2	1	2	1	2	6	5	
			6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	
			2	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	
			6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	
ALIMENTARY SYSTEM																								
Esophagus			+																					50
Gallbladder			+																					50
Intestine Large, Cecum			+																					50
Intestine Large, Colon			+																					50
Intestine Large, Rectum			+																					50
Intestine Small, Duodenum			+																					50
Intestine Small, Ileum			+																					50
Intestine Small, Jejunum			+																					50
Liver			+																					50
Basophilic Focus			X																					4
Clear Cell Focus			X																					13
Eosinophilic Focus			X																					13
Fatty Change, Focal			X																					1
Necrosis			4																					3 1.3
Hepatocyte, Cytoplasmic Alteration			1																					10 1.5
Mesentery			1																					1
Fat, Necrosis			2																					2.0
Pancreas			+																					50

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Tris(Chloropropyl)phosphate

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CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																				* TOTALS					
0 ppm males			ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Salivary Glands				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Stomach, Forestomach				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Epithelium, Hyperplasia, Focal				2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	5	
Stomach, Glandular				6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	
<b>CARDIOVASCULAR SYSTEM</b>																												
Blood Vessel				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Heart				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Cardiomyopathy																											1 1.0	
Polyarteritis Nodosa																											1 2.0	
<b>ENDOCRINE SYSTEM</b>																												
Adrenal Cortex				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Hyperplasia, Focal																											1 2.0	
Hypertrophy, Focal																											14 1.5	
Adrenal Medulla				2	1			1	1		1								2	1	1							
Islets, Pancreatic				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Parathyroid Gland				+	+	+	+	+	M	+	+	M	+	+	+	+	+	+	M	M	+	+	+	+	M	42		
Pituitary Gland				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Pars Intermedia, Hyperplasia																											1 2.0	

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1) Minimal 3) Moderate

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**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** DOSED FEED

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

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**Date Report Requested:** 09/14/2020

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**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

#### Tris(Chloropropyl)phosphate

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## Lab: BAT

## Harderian Gland Hyperplasia

## **URINARY SYSTEM**

Kidney

## Metaplasia, Osseous

#### **Nephropathy, Chronic Progressive**

1 1

## Urinary Bladder

† †

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Lab: BAT

B6C3F1/N MICE MALE 1250 ppm males	DAY ON TEST																						
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7	7	7	7	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	0
1	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8

## ALIMENTARY SYSTEM

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## Lab: BAT

## **URINARY SYSTEM**

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Metaplasia, Osseous																						1 1.0	
Nephropathy, Chronic Progressive	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	45 1.0	
Renal Tubule, Cytoplasmic Alteration	1	1	1	2	2					1	1	1	1	1	1	1	1	1	1	2	1	28 1.2	
Urinary Bladder	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	M	+	48

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**Route: DOSED FEED**

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#### Tris(Chloropropyl)phosphate

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Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	males (cont...)																									
B6C3F1/N MICE MALE			ANIMAL ID	0732	0582	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	
2500 ppm males				001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	
Pancreas				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Salivary Glands				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Forestomach				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Inflammation, Suppurative																												
Ulcer																												
Epithelium, Hyperplasia, Focal																												
Stomach, Glandular				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>CARDIOVASCULAR SYSTEM</b>																												
Blood Vessel				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Heart				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>ENDOCRINE SYSTEM</b>																												
Adrenal Cortex				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hypertrophy, Focal																												
Inflammation, Suppurative																												
Adrenal Medulla				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Islets, Pancreatic				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Parathyroid Gland				+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Pituitary Gland				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	males (cont...)																										
B6C3F1/N MICE MALE			ANIMAL ID	0732	0582	0732	0684	0732	0562	0732	0612	0732	0562	0732	0612	0732	0562	0732	0612	0732	0562	0732	0612	0732	0562	0732	0612	0732	0562
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Extramedullary Hematopoiesis																													
Spleen		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Erythrophagocytosis																													3
Extramedullary Hematopoiesis		1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
Hyperplasia, Lymphocyte		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5			
Thymus		+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Atrophy																													4
Inflammation, Granulomatous																													
<b>INTEGUMENTARY SYSTEM</b>																													
Mammary Gland		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M		
Skin		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>MUSCULOSKELETAL SYSTEM</b>																													
Bone		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Skeletal Muscle																													
<b>NERVOUS SYSTEM</b>																													
Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>RESPIRATORY SYSTEM</b>																													
Lung		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

B6C3F1/N MICE MALE	DAY ON TEST																					males (cont...)
		0 7	0 5	0 7	0 7	0 6	0 6	0 7	0 6													
2500 ppm males	ANIMAL ID	0 0																				
Infiltration Cellular, Histiocyte																						2
Alveolus, Epithelium, Hyperplasia																						1
Nose		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Trachea		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>SPECIAL SENSES SYSTEM</b>																						
Eye		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Phthisis Bulbi																						4
Harderian Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia																						3
<b>URINARY SYSTEM</b>																						
Kidney		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Infarct																						
Metaplasia, Osseous																						1
Nephropathy, Chronic Progressive		4	2	3	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	
Pigment																						3
Capsule, Inflammation, Suppurative																						2
Papilla, Cyst																						X
Renal Tubule, Cytoplasmic Alteration		1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	2	2	1	1
Urinary Bladder		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

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Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																								* TOTALS
			ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2500 ppm males			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5
			6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Gallbladder	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46	
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Basophilic Focus																											3
Clear Cell Focus	X		X																								12
Eosinophilic Focus	X																										9
Fatty Change, Focal	2																										1 2.0
Mixed Cell Focus																											1
Necrosis																											9 1.1
Hepatocyte, Cytoplasmic Alteration																											2 1.0
Hepatocyte, Vacuolation, Cytoplasmic																											1 3.0
Mesentery																											1

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

B6C3F1/N MICE MALE 2500 ppm males	DAY ON TEST																						* TOTALS	
		0 7 3 6	0 7 3 1	0 6 1	0 7 3 6	0 5 8 7	0 7 3 3	0 7 3 6	0 7 3 2	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 9	0 6 4 4	0 6 4 4	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 2	0 7 3 1	0 7 3 2		
ANIMAL ID	0 0 1 2 6	0 0 1 2 7	0 0 1 2 8	0 0 1 3 9	0 0 1 3 0	0 0 1 3 1	0 0 1 3 2	0 0 1 3 3	0 0 1 3 4	0 0 1 3 5	0 0 1 3 6	0 0 1 3 7	0 0 1 3 8	0 0 1 3 9	0 0 1 4 0	0 0 1 4 1	0 0 1 4 2	0 0 1 4 3	0 0 1 4 4	0 0 1 4 5	0 0 1 4 6	0 0 1 4 7	0 0 1 4 8	0 0 1 4 9
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Inflammation, Suppurative																							1 1.0	
Ulcer																							1 2.0	
Epithelium, Hyperplasia, Focal																							1 2.0	
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>CARDIOVASCULAR SYSTEM</b>																								
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	49
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>ENDOCRINE SYSTEM</b>																								
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hypertrophy, Focal																								11 1.3
Inflammation, Suppurative																								1 2.0
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Parathyroid Gland	+	+	+	+	M	M	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	46
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48

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+ .. Tissue examined microscopically

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																								* TOTALS
			0 7	0 7	0 6	0 7	0 5	0 7	0 4	0 6	0 7																
2500 ppm males		ANIMAL ID	0 6	1 1	1 6	1 6	1 7	1 5	1 1	1 6	1 6	1 2	1 5	1 2	1 5	1 5	1 6	1 9	1 5	1 6	1 5	1 6	1 5	1 6	1 5	1 6	
			0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	
Thyroid Gland																											50

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Inflammation, Suppurative																											2 3.0
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Atrophy																											1 4.0
Inflammation, Suppurative																											1 3.0
Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Germinal Epithelium, Atrophy																											2 3.0

## HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hypocellularity																											1 3.0
Lymph Node																	+				+					4	
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	

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X .. Lesion present

I .. Insufficient tissue

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A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																				* TOTALS	
2500 ppm males			ANIMAL ID	0 7 3 6	0 7 3 1	0 6 1	0 5 8 7	0 7 3 5	0 7 3 6	0 7 3 2	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 9	0 6 4 4	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 1	0 7 3 2			
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Extramedullary Hematopoiesis																							1 3.0	
Spleen		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Erythrophagocytosis																							1 3.0	
Extramedullary Hematopoiesis		3	4		2																		18 2.9	
Hyperplasia, Lymphocyte																							1 2.0	
Thymus		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49		
Atrophy																							2 3.5	
Inflammation, Granulomatous																							1 4.0	
<b>INTEGUMENTARY SYSTEM</b>																								
Mammary Gland		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	0	
Skin		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>MUSCULOSKELETAL SYSTEM</b>																								
Bone		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Skeletal Muscle																								1
<b>NERVOUS SYSTEM</b>																								
Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>RESPIRATORY SYSTEM</b>																								
Lung		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	

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X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																				* TOTALS	
			0 7 3 6	0 7 3 1	0 6 1	0 5 8 7	0 7 3 5	0 7 3 6	0 7 3 2	0 7 3 2	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 9	0 6 4 4	0 6 4 4	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 1	0 7 3 2		
		ANIMAL ID	0 0 1 2 6	0 0 1 2 7	0 0 1 2 8	0 0 1 0	0 0 1 1	0 0 1 2	0 0 1 3	0 0 1 3	0 0 1 3	0 0 1 3	0 0 1 3	0 0 1 4										
Infiltration Cellular, Histiocyte																							1 2.0	
Alveolus, Epithelium, Hyperplasia																							3 2.0	
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Trachea			+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	49
<b>SPECIAL SENSES SYSTEM</b>																								
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Phthisis Bulbi																								1 4.0
Harderian Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hyperplasia																	1							3 2.0
<b>URINARY SYSTEM</b>																								
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Infarct																	1							1 1.0
Metaplasia, Osseous																								1 1.0
Nephropathy, Chronic Progressive			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43 1.2
Pigment																								1 3.0
Capsule, Inflammation, Suppurative																								1 2.0
Papilla, Cyst																								1
Renal Tubule, Cytoplasmic Alteration			1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40 1.2
Urinary Bladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	males (cont...)																										
B6C3F1/N MICE MALE	5000 ppm males		0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	
		ANIMAL ID	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			7	7	7	7	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
			3	3	3	3	7	3	3	1	3	0	0	3	3	3	3	6	3	3	3	6	3	3	3	3	3	3	
			5	5	2	6	6	5	5	5	8	8	1	5	2	6	2	5	1	6	2	1	6	5	1	2	2		
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
			5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	
			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		

## ALIMENTARY SYSTEM

Esophagus

Gallbladder

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum  
Diverticulum

Intestine Small, Jejunum

Liver

Basophilic Focus

Clear Cell Focus

Eosinophilic Focus

Mixed Cell Focus

Necrosis

Mesentery

Pancreas

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 5	0 7 1 5	0 7 3 8	0 7 0 8	0 7 3 1	0 6 2 2	0 7 3 5	0 7 3 1	0 7 3 6	0 7 3 2	0 7 3 1	0 7 3 6	0 5 9 1	0 7 3 6	0 7 3 5	0 7 3 1	0 7 3 2			
		ANIMAL ID	0 0 1 5 1	0 0 1 5 2	0 0 1 5 3	0 0 1 5 4	0 0 1 5 5	0 0 1 5 6	0 0 1 5 7	0 0 1 5 8	0 0 1 6	0 0 1 6	0 0 1 6	0 0 1 6	0 0 1 6	0 0 1 6	0 0 1 7	0 0 1 7	0 0 1 7	0 0 1 7	0 0 1 7	0 0 1 7			
<b>B6C3F1/N MICE MALE</b>																									
<b>5000 ppm males</b>																									
<b>males (cont...)</b>																									
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Cyst, Squamous																									
Epithelium, Hyperplasia, Focal																									
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>CARDIOVASCULAR SYSTEM</b>																									
Blood Vessel		+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>ENDOCRINE SYSTEM</b>																									
Adrenal Cortex		+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia, Focal																									
Hypertrophy, Focal																									
Adrenal Medulla		+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Parathyroid Gland		+	+	+	+	+	+	+	M	+	M	+	+	+	M	+	+	+	+	+	+	+	+	+	
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Thyroid Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>GENERAL BODY SYSTEM</b>																									

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Tris(Chloropropyl)phosphate  
 CAS Number: 13674-84-5

Date Report Requested: 09/14/2020  
 Time Report Requested: 10:18:26  
 First Dose M/F: 10/25/11 / 10/24/11  
 Lab: BAT

		DAY ON TEST	males (cont...)																											
B6C3F1/N MICE MALE	5000 ppm males		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		ANIMAL ID	7	7	7	7	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
			3	3	3	3	7	3	3	1	3	0	0	3	3	3	6	3	3	3	3	6	2	1	6	5	3	3	3	
			5	5	2	6	6	5	5	5	8	8	1	5	2	6	2	5	1	6	2	1	6	5	1	2	1	2		
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
			5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7		
			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5			

NONE

## GENITAL SYSTEM

Epididymis

+

Preputial Gland  
Duct, Dilation

+

Prostate

+

Seminal Vesicle  
Atrophy

+

2

Testis  
Germinal Epithelium, Atrophy

+

4

## HEMATOPOIETIC SYSTEM

Bone Marrow

+

Lymph Node

+

Lymph Node, Mandibular

+

Lymph Node, Mesenteric  
Congestion

+

4

Spleen  
Extramedullary Hematopoiesis

+

2

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	males (cont...)																										
B6C3F1/N MICE MALE			0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735		
5000 ppm males		ANIMAL ID	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	
Hyperplasia, Lymphocyte																													
Thymus Atrophy																													
<b>INTEGUMENTARY SYSTEM</b>																													
Mammary Gland			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M		
Skin			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>MUSCULOSKELETAL SYSTEM</b>																													
Bone			+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Femur, Increased Bone																													
<b>NERVOUS SYSTEM</b>																													
Brain			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>RESPIRATORY SYSTEM</b>																													
Lung			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Alveolus, Epithelium, Hyperplasia																													3
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Trachea			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>SPECIAL SENSES SYSTEM</b>																													

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	males (cont...)																								
B6C3F1/N MICE MALE			0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5	0 7 3 5		
		ANIMAL ID	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	0 0 1 5 1 2	
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Harderian Gland Hyperplasia			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1
<b>URINARY SYSTEM</b>																											
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Metaplasia, Osseous			2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Nephropathy, Chronic Progressive			3	3	3	2	2	2	3	2	3	2	2	2	3	3	3	3	2	1	3	2	1	1	1	3	1
Renal Tubule, Cytoplasmic Alteration			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Urinary Bladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Tris(Chloropropyl)phosphate  
 CAS Number: 13674-84-5

Date Report Requested: 09/14/2020  
 Time Report Requested: 10:18:26  
 First Dose M/F: 10/25/11 / 10/24/11  
 Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																								* TOTALS	
			5000 ppm males																									
	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	* TOTALS
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
6	6	2	2	1	2	2	6	2	5	5	6	5	2	6	5	2	1	6	1	2	6	5	6	6	6	6	6	6
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	
7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9	0	
6	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	9	0	0	

### ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Intestine Small, Ileum Diverticulum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1	
X																											
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Basophilic Focus																											2
Clear Cell Focus																											8
Eosinophilic Focus	X		X																								15
Mixed Cell Focus																											1
Necrosis																											8 2.8
Mesentery																											2
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

	DAY ON TEST																					* TOTALS
		0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	
B6C3F1/N MICE MALE	ANIMAL ID	0 3 6	0 3 2	0 3 2	0 3 2	0 3 6	0 3 2	0 3 5	0 3 6	0 3 2	0 3 6	0 3 5	0 3 2	0 3 1	0 3 6	0 3 2	0 3 6	0 3 5	0 3 6	0 3 6	0 3 6	
5000 ppm males		0 0 1 7 6	0 0 1 7 7	0 0 1 7 8	0 0 1 8																	
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Cyst, Squamous																						1
Epithelium, Hyperplasia, Focal																						1 3.0
X																						3
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>CARDIOVASCULAR SYSTEM</b>																						
Blood Vessel		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>ENDOCRINE SYSTEM</b>																						
Adrenal Cortex		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Hyperplasia, Focal																						1
Hypertrophy, Focal																						3 1.0
		3		2		1																6 1.7
Adrenal Medulla		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Parathyroid Gland		+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	46
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Thyroid Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>GENERAL BODY SYSTEM</b>																						

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST																									
B6C3F1/N MICE MALE 5000 ppm males		ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
			7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	* TOTALS			
			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3				
			6	2	2	1	2	6	2	5	5	6	5	2	6	5	2	1	6	1	2	6	5	6			
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2			
			7	7	7	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	0			
			6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	

NONE

**GENITAL SYSTEM**

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Preputial Gland Duct, Dilation	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	1 3.0
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Seminal Vesicle Atrophy	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	1 2.0
Testis Germinal Epithelium, Atrophy	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	1 4.0

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lymph Node																+							3	
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lymph Node, Mesenteric Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	1 4.0
Spleen Extramedullary Hematopoiesis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	20 2.4

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST																									* TOTALS
B6C3F1/N MICE MALE			0 7 3 6	0 7 3 2	0 7 3 1	0 7 3 6	0 7 3 5	0 7 3 6	0 7 3 2	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 6	0 7 3 2	0 7 3 1	0 7 3 6	0 7 3 2	0 7 3 6	0 7 3 5	0 7 3 6	0 7 3 6	0 7 3 6	0 7 3 6	0 7 3 6			
5000 ppm males		ANIMAL ID	0 0 1 7 6	0 0 1 7 7	0 0 1 8 8	* TOTALS																					
Hyperplasia, Lymphocyte																										3	1 3.0
Thymus Atrophy																										M M + + 46	1 4.0
<b>INTEGUMENTARY SYSTEM</b>																											
Mammary Gland																											0
Skin																											50
<b>MUSCULOSKELETAL SYSTEM</b>																											
Bone																											49
Femur, Increased Bone																											1 2.0
<b>NERVOUS SYSTEM</b>																											
Brain																											50
<b>RESPIRATORY SYSTEM</b>																											
Lung																											50
Alveolus, Epithelium, Hyperplasia																											1 3.0
<b>Nose</b>																											
Trachea																											50
<b>SPECIAL SENSES SYSTEM</b>																											

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																				* TOTALS			
			0 7 3 6	0 7 3 2	0 7 3 2	0 7 3 5	0 7 3 6	0 7 3 5	0 7 3 2	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 6	0 7 3 2	0 7 3 1	0 7 3 6	0 7 3 2	0 7 3 6	0 7 3 5	0 7 3 6	0 7 3 6					
		ANIMAL ID	5000 ppm males																							
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50			
Harderian Gland Hyperplasia			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50			
																							1 1.0			
<b>URINARY SYSTEM</b>																										
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Metaplasia, Osseous																								1 1.0		
Nephropathy, Chronic Progressive			1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	45 1.1		
Renal Tubule, Cytoplasmic Alteration			2	3	3	2	2	3	3	3	2	2	3	3	2	2	3	2	2	3	3	2	1	3	48 2.3	
Urinary Bladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		

\*\*\* END OF MALE DATA \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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M .. Missing tissue

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A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal    3) Moderate
- 2) Mild        4) Marked

Experiment Number: 20712 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Tris(Chloropropyl)phosphate  
 CAS Number: 13674-84-5

Date Report Requested: 09/14/2020  
 Time Report Requested: 10:18:26  
 First Dose M/F: 10/25/11 / 10/24/11  
 Lab: BAT

		DAY ON TEST	B6C3F1/N MICE FEMALE																								females (cont...)	
			0 ppm females																									
	ANIMAL ID																											
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
	3	3	3	3	3	3	3	3	3	2	2	2	2	2	3	3	3	3	2	3	2	2	2	1	2	2	3	
	0	0	0	0	0	2	2	2	2	9	9	9	9	1	1	1	1	1	9	9	9	9	9	9	6	9	2	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	5	

### ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Gallbladder	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Basophilic Focus																											X	
Clear Cell Focus																											X	
Eosinophilic Focus																												
Fatty Change, Focal																												
Necrosis																												
Pigment																												
Hepatocyte, Vacuolation, Cytoplasmic																												
Mesentery																	+			+							+	
Fat, Necrosis																	2			3							4	
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

	DAY ON TEST																					females (cont...)	
		0 7	0 6	0 7	0 7	0 7	0 7	0 7	0 7														
B6C3F1/N MICE FEMALE	ANIMAL ID	0 3	0 3	0 3	0 3	0 3	0 3	0 2	0 2	0 2	0 2	0 2	0 2	0 1									
0 ppm females		0 0																					
		2 2																					
		0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	0 0	1 1	1 2	1 3	1 4	1 5	1 6	1 7	1 8	1 9	1 0	1 1	1 2

Acinus, Atrophy

+ +

Salivary Glands

+ +

Stomach, Forestomach

+ +

Stomach, Glandular  
Epithelium, Hyperplasia

+ +

1

## CARDIOVASCULAR SYSTEM

Blood Vessel

+ +

Heart

+ +

Polyarteritis Nodosa  
Myocardium, Mineral

1

## ENDOCRINE SYSTEM

Adrenal Cortex  
Degeneration, Cystic  
Hypertrophy, Focal

+ +

1

Adrenal Medulla  
Hyperplasia, Focal

+ +

1

Islets, Pancreatic

+ +

Parathyroid Gland

+ + + + + + + + + + M + + + + + + + + + + + + + + +

Pituitary Gland

+ +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

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2) Mild 4) Marked



Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|   |  | DAY ON TEST | females<br>(cont...)  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
|---|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|---|--|
| B6C3F1/N MICE FEMALE                              |  |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |   |   |  |
| 0 ppm females                                     |  | ANIMAL ID   | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>0<br>7 | 0<br>0<br>2<br>0<br>8 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>0<br>0 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>5 | 0<br>0<br>2<br>1<br>6 | 0<br>0<br>2<br>1<br>7 | 0<br>0<br>2<br>1<br>8 | 0<br>0<br>2<br>1<br>9 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>5 |   |   |  |
| Lymph Node, Mesenteric                            |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |  |
| Hemorrhage  |  | 2           | 2                     | 4                     | 1                     | 4                     | 2                     | 2                     |                       | 3                     | 1                     | 2                     | 1                     | 1                     | 2                     |                       | 3                     | 1                     | 2                     | 3                     | 1                     | 3                     | 2                     | 2                     |   |   |  |
| Hyperplasia, Lymphocyte                           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
| Spleen  |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |   |  |
| Extramedullary Hematopoiesis                      |  |             |                       |                       |                       |                       |                       |                       |                       | 1                     | 2                     |                       | 1                     |                       | 3                     |                       | 2                     | 1                     | 2                     | 2                     | 1                     | 2                     | 1                     | 3                     | 1 | 4 |  |
| Hyperplasia, Lymphocyte                           |  | 3           | 4                     | 3                     | 2                     | 2                     | 3                     | 2                     | 1                     | 2                     | 2                     | 3                     | 2                     | 2                     | 3                     | 2                     | 2                     | 3                     | 2                     | 1                     | 2                     | 1                     | 2                     | 2                     | 3 |   |  |
| Thymus  |  | +           | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |   |  |
| Atrophy   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
| Hyperplasia, Lymphocyte                           |  | 1           |                       | 1                     |                       | 1                     |                       | 1                     |                       | 2                     |                       | 1                     |                       | 2                     |                       | 1                     |                       | 2                     |                       | 1                     |                       | 2                     |                       | 2                     |   |   |  |
| <b>INTEGUMENTARY SYSTEM</b>                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
| Mammary Gland                                     |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |  |
| Skin  |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
| Bone  |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |  |
| <b>NERVOUS SYSTEM</b>                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
| Brain   |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |  |
| Meninges, Infiltration Cellular, Mononuclear Cell |  |             |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
| Neuron, Necrosis                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |
| <b>RESPIRATORY SYSTEM</b>                         |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST                       | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|--|--|-----------------------------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|  |  |                                   | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |   |
|  |  | 7                                 | 7                    | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |   |
|  |  | 3                                 | 3                    | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 3                    |   |
|  |  | 0                                 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 9 | 9 | 9 | 1 | 1 | 1 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 7 | 7 | 7                    |   |
|  |  | 0                                 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|  |  | 0                                 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|  |  | 2                                 | 2                    | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2 |
|  |  | 0                                 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    |   |
|  |  | 1                                 | 2                    | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7                    |   |
|  |  | Lung                              | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Infiltration Cellular, Histiocyte |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Alveolus, Epithelium, Hyperplasia |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Nose                              | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Trachea                           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | SPECIAL SENSES SYSTEM             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Eye                               | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Harderian Gland                   | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Hyperplasia                       |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | URINARY SYSTEM                    |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Kidney                            | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Metaplasia, Osseous               |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Nephropathy, Chronic Progressive  |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Urinary Bladder                   | +                    | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Degeneration                      |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  |                                   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |        |
|----------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|--------|
|                      |             | 0<br>7   |        |        |
| B6C3F1/N MICE FEMALE |             | 0<br>3   |        |        |
| 0 ppm females        | ANIMAL ID   | 0<br>0   | 0<br>0 |        |
|                      |             | 0<br>2   | 0<br>2 |        |
|                      |             | 2<br>2   | 2<br>2 |        |
|                      |             | 6<br>7 | 7<br>8 | 8<br>9 | 9<br>0 | 0<br>1 | 1<br>2 | 2<br>3 | 3<br>4 | 3<br>5 | 3<br>6 | 3<br>7 | 3<br>8 | 3<br>9 | 3<br>0 | 3<br>1 | 3<br>2 | 3<br>3 | 3<br>4 | 3<br>5 | 3<br>6 | 3<br>7   | 3<br>8 | 3<br>9 |

## ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Gallbladder                          | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Basophilic Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2      |
| Clear Cell Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3      |
| Eosinophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Fatty Change, Focal                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1.0    |
| Necrosis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 11 1.2 |
| Pigment                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Hepatocyte, Vacuolation, Cytoplasmic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.5  |
|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Mesentery                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4      |
| Fat, Necrosis                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 2.8  |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

| B6C3F1/N MICE FEMALE                          | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |          |
| 0 ppm females                                 | ANIMAL ID   | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 |          |
| Acinus, Atrophy                               |             | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Salivary Glands                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Stomach, Forestomach                          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Stomach, Glandular<br>Epithelium, Hyperplasia |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| CARDIOVASCULAR SYSTEM                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Blood Vessel                                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Heart   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Polyarteritis Nodosa                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 1.5    |
| Myocardium, Mineral                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| ENDOCRINE SYSTEM                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Cortex                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Degeneration, Cystic                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Hypertrophy, Focal                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Adrenal Medulla                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Hyperplasia, Focal                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Islets, Pancreatic                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Parathyroid Gland                             |             | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | M                     | +                     | +                     | 43       |
| Pituitary Gland                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|               | DAY ON TEST | B6C3F1/N MICE FEMALE       |                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---------------|-------------|----------------------------|-----------------------|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|               |             | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      |                       |                       |          |
| 0 ppm females | ANIMAL ID   | 0<br>0<br>2<br>2<br>6      | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>8        | 0<br>0<br>2<br>2<br>9 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>5 | 0<br>0<br>2<br>2<br>6 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>8 | 0<br>0<br>2<br>2<br>9 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>5 | 0<br>0<br>2<br>2<br>6 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>8 | 0<br>0<br>2<br>2<br>9 |          |
|               |             | Pars Distalis, Hyperplasia | 2                     | Pars Intermedia, Hyperplasia | 2                     |                       | 1                     |                       |                       | 3                     | 2                     |                       | 2                     |                       |                       | 2                     |                       |                       | 3                     |                       |                       | 17                    | 2.0                   |                       | 1                     | 2.0      |
| Thyroid Gland |             |                            |                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 49       |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |        |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|--------|
| Clitoral Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |        |
| Ovary                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |        |
| Follicle, Cyst                   |   |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |        | 8      |
| Uterus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |        |
| Dilation                         |   | 4 |   |   |   |   | 4 | 3 |   |   | 3 |   |   |   |   | 4 | 4 | 4 | 4 |   |   |   |   |   |   |        | 13 3.3 |
| Inflammation, Suppurative        |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        | 3 2.0  |
| Cervix, Metaplasia, Mucous Cell  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        | 1 2.0  |
| Endometrium, Hyperplasia, Cystic | 2 | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 3 | 1 | 2 | 1 | 1 |   |   |   | 2 | 2 | 2 | 1 | 2 |   | 45 1.8 |        |

**HEMATOPOIETIC SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |       |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|-------|
| Bone Marrow             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |       |
| Lymph Node              |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        | 4     |
| Lumbar, Hemorrhage      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        | 1 3.0 |
| Lymph Node, Mandibular  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |       |
| Hyperplasia, Lymphocyte |   |   |   |   |   |   | 1 | 1 | 1 |   |   | 1 | 2 | 1 | 1 | + | 3 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 25 1.4 |       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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A .. Autolysis precludes evaluation

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE                              | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |     |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----|
|   |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |                       |     |
| 0 ppm females                                     | ANIMAL ID   | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 |     |
| Lymph Node, Mesenteric                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | 49                    |     |
| Hemorrhage  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 4.0 |
| Hyperplasia, Lymphocyte                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 35                    | 2.1 |
| Spleen  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | 49                    |     |
| Extramedullary Hematopoiesis                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10                    | 1.7 |
| Hyperplasia, Lymphocyte                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 38                    | 2.8 |
| Thymus  |             | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |     |
| Atrophy   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     | 3.3 |
| Hyperplasia, Lymphocyte                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 18                    | 1.7 |
| <b>INTEGUMENTARY SYSTEM</b>                       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |
| Mammary Gland                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| Skin  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| <b>MUSCULOSKELETAL SYSTEM</b>                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |
| Bone  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| <b>NERVOUS SYSTEM</b>                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |
| Brain   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| Meninges, Infiltration Cellular, Mononuclear Cell |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 1.5 |
| Neuron, Necrosis                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     | 1   |
| <b>RESPIRATORY SYSTEM</b>                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 3) Moderate
- 2) Mild
- 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>0 ppm females | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |
|---------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|
|                                       |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 |    |          |
| Lung                                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Infiltration Cellular, Histiocyte     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 3.0    |
| Alveolus, Epithelium, Hyperplasia     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 1.0    |
| Nose                                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Trachea                               |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| <b>SPECIAL SENSES SYSTEM</b>          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Eye                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Harderian Gland                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Hyperplasia                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 2 2.0    |
| <b>URINARY SYSTEM</b>                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Kidney                                |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Metaplasia, Osseous                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 1.0    |
| Nephropathy, Chronic Progressive      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 13 1.0   |
| Urinary Bladder                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49 |          |
| Degeneration                          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 4.0    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|   |           | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|---|-----------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|   |           |             | 2500 ppm females     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |
|   | ANIMAL ID | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | females<br>(cont...) |
|   |           | 7           | 6                    | 7 | 7 | 3 | 3 | 3 | 0 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2                    |
| 0 | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 0 | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 2 | 2         | 2           | 2                    | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2                    |
| 5 | 5         | 5           | 5                    | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5                    | 5                    |
| 1 | 2         | 3           | 4                    | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7                    | 7                    |

## ALIMENTARY SYSTEM

Esophagus

Gallbladder

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum

Intestine Small, Jejunum  
Hyperplasia, Lymphocyte

Liver

Basophilic Focus

Clear Cell Focus

Eosinophilic Focus

Inflammation, Chronic Active

Necrosis

Bile Duct, Cyst

Stellate Cell, Hyperplasia

Mesentery

Fat, Necrosis

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                                       |      | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |
|---------------------------------------|------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|
|                                       |      |             | 2500 ppm females     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
|                                       |      | ANIMAL ID   | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
|                                       |      |             | 7                    | 6 | 7 | 7 | 7 | 3 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7                    |  |
| Pancreas                              | Cyst |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |  |
| Salivary Glands                       |      |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |  |
| Stomach, Forestomach                  |      |             | 2                    | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    |  |
| Stomach, Glandular                    |      |             | 5                    | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7                    |  |
| <b>CARDIOVASCULAR SYSTEM</b>          |      |             | 1                    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5                    |  |
| Blood Vessel                          |      |             | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Heart                                 |      |             | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Polyarteritis Nodosa                  |      |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Epicardium, Inflammation, Suppurative |      |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Valve, Degeneration                   |      |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Valve, Mineral                        |      |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| <b>ENDOCRINE SYSTEM</b>               |      |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Adrenal Cortex                        |      |             | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Hyperplasia, Focal                    |      |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Vacuolation, Cytoplasmic              |      |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Adrenal Medulla                       |      |             | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Islets, Pancreatic                    |      |             | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Parathyroid Gland                     |      |             | +                    | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | +                    |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

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Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                                   |  | DAY ON TEST | B6C3F1/N MICE FEMALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|-----------------------------------|--|-------------|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|                                   |  |             | 0732                 | 0642 | 0732 | 0732 | 0302 | 0727 | 0509 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 |                      |
|                                   |  | ANIMAL ID   | 0025                 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025                 |
| Pituitary Gland                   |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Pars Distalis, Hyperplasia        |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Thyroid Gland                     |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| <b>GENERAL BODY SYSTEM</b>        |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| NONE                              |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| <b>GENITAL SYSTEM</b>             |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Clitoral Gland                    |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Ovary                             |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Follicle, Cyst                    |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Rete Ovarii, Cyst                 |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Uterus                            |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Dilation                          |  | 2           | 4                    | 4    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Inflammation, Suppurative         |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Cervix, Inflammation, Suppurative |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Endometrium, Hyperplasia, Cystic  |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| <b>HEMATOPOIETIC SYSTEM</b>       |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Bone Marrow                       |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Fibrosis                          |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Lymph Node                        |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Hyperplasia, Lymphocyte           |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |

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|------------------------------|---|-------------|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|                              |   |             | 0732                 | 0642 | 0732 | 0732 | 0302 | 0727 | 0509 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 |                      |
|                              |   | ANIMAL ID   | 0025                 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025                 |
| Lymph Node, Mandibular       | + | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Hyperplasia, Lymphocyte      | 3 | 2           | 1                    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Lymph Node, Mesenteric       | + | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Hyperplasia, Lymphocyte      | 2 | 3           |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Spleen                       | + | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Extramedullary Hematopoiesis |   |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Hyperplasia, Lymphocyte      | 1 | 3           | 4                    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Thymus                       | + | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Atrophy                      | 2 | 4           | 3                    | 3    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Hyperplasia, Lymphocyte      |   |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |

## INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

## MUSCULOSKELETAL SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Femur, Fibro-Osseous Lesion |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

## Skeletal Muscle

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Inflammation, Suppurative | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## **Lab: BAT**

Neuron, Necrosis  
Thalamus, Fibrosis

## **RESPIRATORY SYSTEM**

Lung  
Inflammation, Granulomatous

## Nose

### Trachea

## SPECIAL SENSES SYSTEM

Eve

### Harderian Gland

## **URINARY SYSTEM**

## Kidney Nephropathy, Chronic Progress

## Urinary Bladder

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                              |  | DAY ON TEST | B6C3F1/N MICE FEMALE  |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |              |  |
|------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------|--|
|                              |  |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 |                  |                  |                  |              |  |
|                              |  | ANIMAL ID   | 2500 ppm females      |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |              |  |
|                              |  |             | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>0 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 |              |  |
| <b>ALIMENTARY SYSTEM</b>     |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |              |  |
| Esophagus                    |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Gallbladder                  |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>48</b>    |  |
| Intestine Large, Cecum       |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Intestine Large, Colon       |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Intestine Large, Rectum      |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Intestine Small, Duodenum    |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Intestine Small, Ileum       |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Intestine Small, Jejunum     |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Hyperplasia, Lymphocyte      |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>1 4.0</b> |  |
| Liver                        |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>50</b>    |  |
| Basophilic Focus             |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>1</b>     |  |
| Clear Cell Focus             |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>2</b>     |  |
| Eosinophilic Focus           |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>7</b>     |  |
| Inflammation, Chronic Active |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>1 3.0</b> |  |
| Necrosis                     |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>8 1.3</b> |  |
| Bile Duct, Cyst              |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>X 1</b>   |  |
| Stellate Cell, Hyperplasia   |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>1 4.0</b> |  |
| Mesentery                    |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>+</b>     |  |
| Fat, Necrosis                |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>+</b>     |  |
|                              |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>3</b>     |  |
|                              |  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>3 3.0</b> |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

Time Report Requested: 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

| B6C3F1/N MICE FEMALE<br>2500 ppm females |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |       |
|--|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|-------|
|  |  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |       |
|  |  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 5     |
|  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0     |
|  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0     |
|  |  | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 3     |
|  |  | 7           | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9        | 0     |
|  |  | 6           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6        | 7     |
|  |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |       |
| Pancreas                                 |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |       |
| Cyst                                     |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |          | 2     |
| Salivary Glands                          |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | +        | 49    |
| Stomach, Forestomach                     |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50    |
| Stomach, Glandular                       |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50    |
| <b>CARDIOVASCULAR SYSTEM</b>             |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |       |
| Blood Vessel                             |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50    |
| Heart                                    |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50    |
| Polyarteritis Nodosa                     |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1 1.0 |
| Epicardium, Inflammation, Suppurative    |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1 1.0 |
| Valve, Degeneration                      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1 3.0 |
| Valve, Mineral                           |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1 3.0 |
| <b>ENDOCRINE SYSTEM</b>                  |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |       |
| Adrenal Cortex                           |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50    |
| Hyperplasia, Focal                       |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1 1.0 |
| Vacuolation, Cytoplasmic                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1 1.0 |
| Adrenal Medulla                          |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50    |
| Islets, Pancreatic                       |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 50    |
| Parathyroid Gland                        |  | +           | + | + | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | M | M        | 42    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

| .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2500 ppm females   | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS                           |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|------------------------------------|
|  |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 |    |                                    |
| Pituitary Gland<br>Pars Distalis, Hyperplasia  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 | 5 2.0                              |
| Thyroid Gland  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |                                    |
| <b>GENERAL BODY SYSTEM</b>   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |                                    |
| NONE   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |                                    |
| <b>GENITAL SYSTEM</b>  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |                                    |
| Clitoral Gland   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |                                    |
| Ovary<br>Follicle, Cyst<br>Rete Ovarii, Cyst   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 | 9 2                                |
| Uterus<br>Dilation<br>Inflammation, Suppurative<br>Cervix, Inflammation, Suppurative<br>Endometrium, Hyperplasia, Cystic |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 | 18 3.2<br>1 2.0<br>1 2.0<br>41 1.9 |

**HEMATOPOIETIC SYSTEM**

|                                       |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|---------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| Bone Marrow<br>Fibrosis               |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 | 2 1.5 |
| Lymph Node<br>Hyperplasia, Lymphocyte |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  | 1 3.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Time Report Requested: 10:18:26

Route: DOSED FEED

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2500 ppm females | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |   |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|---|
|  |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 |          |   |
| Lymph Node, Mandibular                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Hyperplasia, Lymphocyte                  |                          | 2                | 2                | 2                | 2                | 1                | 2                | 1                | 1                | 1                | 2                |                  |                  |                  |                  |                  | 1                | 2                | 2                | 2                | 2                | 22 1.8   |   |
| Lymph Node, Mesenteric                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |   |
| Hyperplasia, Lymphocyte                  |                          | 3                | 1                | 2                | 2                | 2                | 3                | 4                | 3                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 3                | 4                | 2                | 2                | 2                | 26 2.5   |   |
| Spleen                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | 49       |   |
| Extramedullary Hematopoiesis             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                | 3                |                  |                  | 11 2.2   |   |
| Hyperplasia, Lymphocyte                  |                          | 2                | 3                | 2                | 2                | 4                | 4                | 2                | 3                | 4                | 4                | 3                | 3                | 4                | 1                | 2                | 3                | 3                | 4                | 4                | 4                | 36 3.2   |   |
| Thymus                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | 48       |   |
| Atrophy                                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |                  |                  |                  | 5 3.0    |   |
| Hyperplasia, Lymphocyte                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                | 2                |                  |                  | 16 1.6   |   |
| <b>INTEGUMENTARY SYSTEM</b>              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Mammary Gland                            |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |   |
| Skin                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| <b>MUSCULOSKELETAL SYSTEM</b>            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Bone                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Femur, Fibro-Osseous Lesion              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  | 2 2.5    |   |
| Skeletal Muscle                          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +        | 1 |
| <b>NERVOUS SYSTEM</b>                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Brain                                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Inflammation, Suppurative                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      |  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|----------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| B6C3F1/N MICE FEMALE |  |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      |                       |          |
| 2500 ppm females     |  | ANIMAL ID   | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>9 | 0<br>0<br>2<br>8<br>0 | 0<br>0<br>2<br>8<br>1 | 0<br>0<br>2<br>8<br>2 | 0<br>0<br>2<br>8<br>3 | 0<br>0<br>2<br>8<br>4 | 0<br>0<br>2<br>8<br>5 | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>9 |          |
| Neuron, Necrosis     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Thalamus, Fibrosis   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |

## RESPIRATORY SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Lung                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Inflammation, Granulomatous |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0 |
| Nose                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Trachea                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |

## SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

## URINARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Kidney                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Nephropathy, Chronic Progressive |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13 1.0 |
| Urinary Bladder                  | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | 49     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

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Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      |                 | DAY ON TEST | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>8 | 0<br>6<br>0<br>6 | 0<br>7<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 |                  |                      |
|----------------------|-----------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|                      |                 | ANIMAL ID   | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>5 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>7 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>9 | 0<br>0<br>3<br>0 | females<br>(cont...) |
| B6C3F1/N MICE FEMALE | 5000ppm females |             | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>5 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>7 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>9 | 0<br>0<br>3<br>0 |                  |                      |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Clear Cell Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fatty Change, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bile Duct, Cyst, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocyte, Cytoplasmic Alteration |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fat, Necrosis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

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Experiment Number: 20712 - 04

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Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                              | DAY ON TEST | B6C3F1/N MICE FEMALE  |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |
|------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|                              |             | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>8      | 0<br>6<br>0<br>6      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>5      | 0<br>6<br>3<br>0      | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 |                      |
| 5000ppm females              | ANIMAL ID   | 0<br>0<br>3<br>0<br>1 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>0<br>7 | 0<br>0<br>3<br>0<br>8 | 0<br>0<br>3<br>0<br>9 | 0<br>0<br>3<br>1 |                      |
|                              |             | 0<br>0<br>3<br>0<br>1 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>0<br>7 | 0<br>0<br>3<br>0<br>8 | 0<br>0<br>3<br>0<br>9 | 0<br>0<br>3<br>1 |                      |
| Cyst                         |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                    |
| Salivary Glands              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Stomach, Forestomach         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Stomach, Glandular           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| <b>CARDIOVASCULAR SYSTEM</b> |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Blood Vessel                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Heart                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Myocardium, Necrosis         |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Valve, Degeneration          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| <b>ENDOCRINE SYSTEM</b>      |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Adrenal Cortex               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Hyperplasia, Focal           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Adrenal Medulla              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Hyperplasia, Focal           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Islets, Pancreatic           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Parathyroid Gland            |             | +                     | +                     | +                     | M                     | +                     | M                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                    |
| Hyperplasia                  |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Pituitary Gland              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

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Date Report Requested: 09/14/2020

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Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | B6C3F1/N MICE FEMALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|--|--|-------------|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|  |  |             | 0730                 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |      |                      |
|  |  | ANIMAL ID   | 0030                 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 |                      |
|  |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
|  |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |

Hyperplasia, Lymphocyte 3      1      1      2      4      2      4      3      3      1      4      2      2

Spleen +      +

Extramedullary Hematopoiesis 1      3      2      2      1      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      4      2

Hyperplasia, Lymphocyte 3      3      4      4      2      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      2      2      2

Thymus +      +

Atrophy 4      4      3      4      2      1      3      4      2      1      1      4      4      1      4      2      3      4      2

Hyperplasia, Lymphocyte 4      2      1      3      2      1      1      2      2      2      1

**INTEGUMENTARY SYSTEM**

Mammary Gland +      +

Skin +      +

**MUSCULOSKELETAL SYSTEM**

Bone +      +

Skeletal Muscle +

**NERVOUS SYSTEM**

Brain +      +

Cyst Epithelial Inclusion X

Neuron, Necrosis 2

**RESPIRATORY SYSTEM**

Lung +      +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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Lab: BAT

|                                    | DAY ON TEST | B6C3F1/N MICE FEMALE                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   | females<br>(cont...) |  |
|------------------------------------|-------------|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---|----------------------|--|
|                                    |             | 0<br>7<br>3<br>0  | 0<br>7<br>2<br>8 | 0<br>6<br>0<br>6 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>5 | 0<br>6<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 |                  |                  |                  |                  |   |   |                      |  |
| 5000ppm females                    | ANIMAL ID   | 0<br>0<br>3<br>0  | 0<br>0<br>3<br>3 |   |   |                      |  |
|                                    |             | +   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + |                      |  |
|                                    |             | +   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | +                    |  |
|                                    |             | <b>SPECIAL SENSES SYSTEM</b>                              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
|                                    |             | +   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | +                    |  |
|                                    |             | Eye<br>Posterior Chamber, Inflammation, Chronic<br>Active |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
|                                    |             | +   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | +                    |  |
|                                    |             | Harderian Gland<br>Atrophy<br>Hyperplasia                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
|                                    |             | +   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | +                    |  |
| <b>URINARY SYSTEM</b>              |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
| Kidney                             |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
| Nephropathy, Chronic Progressive   |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
| Left, Atrophy                      |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
| Papilla, Inflammation, Suppurative |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
| Papilla, Necrosis                  |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
| Renal Tubule, Necrosis             |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |
| Urinary Bladder                    |             |   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |                      |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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1-4 .. Lesion qualified as:

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      |                 | DAY ON TEST | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 |                  |          |
|----------------------|-----------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                      |                 | ANIMAL ID   | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>5 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>7 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>9 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>4<br>3 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>5 | 0<br>0<br>4<br>6 |          |
| B6C3F1/N MICE FEMALE | 5000ppm females |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Basophilic Focus                   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5       |
| Clear Cell Focus                   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3       |
| Eosinophilic Focus                 |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13      |
| Fatty Change, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0   |
| Necrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 5 1.4 |
| Bile Duct, Cyst, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Hepatocyte, Cytoplasmic Alteration |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.0   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3       |
| Fat, Necrosis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 3.7   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                              | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |                            |                            |                            |                            |
|------------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                              |             | 0<br>7                     |                            |                            |                            |                            |                            |
| B6C3F1/N MICE FEMALE         | ANIMAL ID   | 0<br>2<br>9                | 2<br>2<br>9                | 2<br>3<br>1                | 3<br>3<br>1                |                            |                            |                            |                            |                            |
| 5000ppm females              |             | 0<br>0<br>0<br>3<br>2<br>6 | 0<br>0<br>0<br>3<br>2<br>7 | 0<br>0<br>0<br>3<br>2<br>8 | 0<br>0<br>0<br>3<br>2<br>9 | 0<br>0<br>0<br>3<br>3<br>0 | 0<br>0<br>0<br>3<br>3<br>1 | 0<br>0<br>0<br>3<br>3<br>2 | 0<br>0<br>0<br>3<br>3<br>3 | 0<br>0<br>0<br>3<br>3<br>4 | 0<br>0<br>0<br>3<br>3<br>5 | 0<br>0<br>0<br>3<br>3<br>6 | 0<br>0<br>0<br>3<br>3<br>7 | 0<br>0<br>0<br>3<br>3<br>8 | 0<br>0<br>0<br>3<br>3<br>9 | 0<br>0<br>0<br>3<br>4<br>0 | 0<br>0<br>0<br>3<br>4<br>1 | 0<br>0<br>0<br>3<br>4<br>2 | 0<br>0<br>0<br>3<br>4<br>3 | 0<br>0<br>0<br>3<br>4<br>4 | 0<br>0<br>0<br>3<br>4<br>5 | 0<br>0<br>0<br>3<br>4<br>6 | 0<br>0<br>0<br>3<br>4<br>7 | 0<br>0<br>0<br>3<br>4<br>8 | 0<br>0<br>0<br>3<br>4<br>9 | 0<br>0<br>0<br>3<br>5<br>0 |
| Cyst                         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |                            |                            |
| Salivary Glands              |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 49                         |                            |                            |                            |
| Stomach, Forestomach         |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |
| Stomach, Glandular           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |
| <b>CARDIOVASCULAR SYSTEM</b> |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Blood Vessel                 |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |
| Heart                        |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |
| Myocardium, Necrosis         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0                      |                            |                            |                            |
| Valve, Degeneration          |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 4.0                      |                            |                            |                            |
| <b>ENDOCRINE SYSTEM</b>      |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Adrenal Cortex               |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |
| Hyperplasia, Focal           |             | 1                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0                      |                            |                            |                            |
| Hypertrophy, Focal           |             | 1                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0                      |                            |                            |                            |
| Adrenal Medulla              |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |
| Hyperplasia, Focal           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0                      |                            |                            |                            |
| Islets, Pancreatic           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |
| Parathyroid Gland            |             | +                          | +                          | +                          | +                          | +                          | M                          | +                          | M                          | +                          | +                          | +                          | M                          | +                          | +                          | M                          | M                          | +                          | +                          | +                          | +                          | M                          | +                          | 41                         |                            |                            |
| Hyperplasia                  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0                      |                            |                            |                            |
| Pituitary Gland              |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |                            |                            |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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Lab: BAT

|                            |  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |                       |
|----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B6C3F1/N MICE FEMALE       |  |             | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      |                       |                       |                       |                       |                       |
| 5000ppm females            |  | ANIMAL ID   | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>7 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>4<br>9 |
| Pars Distalis, Hyperplasia |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 2.0                 |                       |                       |
| Thyroid Gland              |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |                       |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Clitoral Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Ovary                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Follicle, Cyst                   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6      |
| Uterus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Dilation                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 3.4 |
| Endometrium, Hyperplasia, Cystic | 2 | 2 | 1 | 1 | 3 | 1 | 2 | 4 | 1 | 1 | 3 | 4 | 3 | 2 | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 2 | 2 | 41 1.9 |
| Vagina                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |

## HEMATOPOIETIC SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Bone Marrow             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Lymph Node              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5      |
| Lymph Node, Mandibular  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Hyperplasia, Lymphocyte | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 1 | 25 1.8 |
| Lymph Node, Mesenteric  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 3) Moderate
- 2) Mild
- 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Time Report Requested: 10:18:26

Route: DOSED FEED

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                               |  | DAY ON TEST | B6C3F1/N MICE FEMALE |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS |
|-------------------------------|--|-------------|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------|
|                               |  |             | 0<br>7<br>2<br>9     | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>1 |   |          |
|                               |  | ANIMAL ID   | 5000ppm females      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Hyperplasia, Lymphocyte       |  |             | 2                    |                  | 1                | 3                | 1                | 1                | 3                | 2                |                  |                  | 1                |                  | 2                |                  | 4                | 4                | 2                | 2                | 2                | 2 | 27 2.3   |
| Spleen                        |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Extramedullary Hematopoiesis  |  |             |                      |                  |                  |                  |                  |                  |                  |                  | 1                | 1                | 1                |                  |                  |                  |                  |                  |                  |                  |                  |   | 20 2.1   |
| Hyperplasia, Lymphocyte       |  |             |                      |                  |                  | 3                | 2                | 4                |                  |                  | 1                | 3                | 3                | 2                | 4                |                  | 4                | 2                | 2                | 3                | 4                | 3 | 31 2.8   |
| Thymus                        |  |             | +                    | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | + | 47       |
| Atrophy                       |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 3 3.7    |
| Hyperplasia, Lymphocyte       |  |             |                      |                  |                  |                  |                  |                  | 1                |                  |                  | 3                |                  |                  |                  |                  | 1                | 2                | 2                | 2                | 1                | 1 | 17 1.9   |
| <b>INTEGUMENTARY SYSTEM</b>   |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Mammary Gland                 |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Skin                          |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| <b>MUSCULOSKELETAL SYSTEM</b> |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Bone                          |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Skeletal Muscle               |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| <b>NERVOUS SYSTEM</b>         |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Brain                         |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Cyst Epithelial Inclusion     |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Neuron, Necrosis              |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 2.0    |
| <b>RESPIRATORY SYSTEM</b>     |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Lung                          |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|   | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |          |        |
|---|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----------|--------|
|   |             | 0<br>7 |          |          |        |
| B6C3F1/N MICE FEMALE                            | ANIMAL ID   | 2<br>9 | 2<br>9 | 2<br>9 | 3<br>1   | * TOTALS |        |
|   |             | 0<br>0   |          |        |
| Nose  |             | 0<br>0   | 50       |        |
| Trachea   |             | 3<br>3   | 50       |        |
| <b>SPECIAL SENSES SYSTEM</b>                    |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |          |        |
| Eye   |             | 2<br>2 | 2<br>2 | 2<br>2 | 3<br>3   | 50       |        |
| Posterior Chamber, Inflammation, Chronic Active |             | 7<br>7 | 8<br>8 | 9<br>9 | 0<br>0 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 7<br>7 | 8<br>8 | 9<br>9 | 0<br>0 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 4<br>4 | 4<br>4 | 4<br>4   | 5<br>5   | 1 3.0  |
| Harderian Gland                                 |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 50       |        |
| Atrophy   |             | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1        | 1 2.0  |
| Hyperplasia                                     |             | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2        | 2        | 2 1.5  |
| <b>URINARY SYSTEM</b>                           |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |          |        |
| Kidney  |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 50       |        |
| Nephropathy, Chronic Progressive                |             | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1        | 11 1.2 |
| Left, Atrophy                                   |             | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2        | 2        | 1 2.0  |
| Papilla, Inflammation, Suppurative              |             | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1        | 1 2.0  |
| Papilla, Necrosis                               |             | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2        | 2        | 1 3.0  |
| Renal Tubule, Necrosis                          |             | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1        | 1 2.0  |
| Urinary Bladder                                 |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 50       |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|   |           | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|---|-----------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|   |           |             | 10000ppm females     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |
|   | ANIMAL ID | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | females<br>(cont...) |
|   |           | 7           | 7                    | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 6                    |
| 3 | 3         | 3           | 3                    | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3                    | 3                    |
| 1 | 1         | 1           | 1                    | 1 | 3 | 2 | 2 | 2 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 8                    |
| 0 | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 0 | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 3 | 3         | 3           | 3                    | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3                    |
| 5 | 5         | 5           | 5                    | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7                    | 7                    |
| 1 | 2         | 3           | 4                    | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 5 | 5 | 5                    |                      |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                          | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Basophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Clear Cell Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Eosinophilic Focus                 | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mixed Cell Focus                   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bile Duct, Cyst                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hepatocyte, Cytoplasmic Alteration | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 2 |  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Cyst                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Acinus, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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Lab: BAT

|  |  | DAY ON TEST | B6C3F1/N MICE FEMALE |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | females<br>(cont...) |   |
|--|--|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|
|  |  |             | 07<br>31             |                      |                      |   |
| 10000ppm females   |  | ANIMAL ID   | 00<br>33<br>55<br>12 | 00<br>33<br>55<br>23 | 00<br>33<br>55<br>45 | 00<br>33<br>55<br>56 | 00<br>33<br>55<br>67 | 00<br>33<br>55<br>78 | 00<br>33<br>55<br>89 | 00<br>33<br>56<br>00 | 00<br>33<br>56<br>12 | 00<br>33<br>56<br>23 | 00<br>33<br>56<br>34 | 00<br>33<br>56<br>45 | 00<br>33<br>56<br>56 | 00<br>33<br>56<br>67 | 00<br>33<br>56<br>78 | 00<br>33<br>56<br>89 | 00<br>33<br>56<br>90 | 00<br>33<br>56<br>01 | 00<br>33<br>56<br>22 | 00<br>33<br>56<br>33 | 00<br>33<br>56<br>44 | 00<br>33<br>56<br>55 | 00<br>33<br>56<br>66 | 00<br>33<br>56<br>77 | 00<br>33<br>56<br>88 | 00<br>33<br>56<br>99 |   |
|  |  |             | Salivary Glands      | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M |
| Stomach, Forestomach<br>Epithelium, Hyperplasia  |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Stomach, Glandular   |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| <b>CARDIOVASCULAR SYSTEM</b>   |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| Blood Vessel   |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Heart<br>Fibrosis<br>Infiltration Cellular, Mixed Cell   |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| <b>ENDOCRINE SYSTEM</b>  |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| Adrenal Cortex<br>Hypertrophy, Focal   |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Adrenal Medulla  |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M |
| Islets, Pancreatic   |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Parathyroid Gland  |  |             |                      | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    |   |
| Pituitary Gland<br>Pars Distalis, Hyperplasia  |  |             |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    |   |
| Thyroid Gland  |  |             |                      | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M |
| * .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| + .. Tissue examined microscopically   |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| X .. Lesion present  |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| I .. Insufficient tissue   |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| M .. Missing tissue  |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| A .. Autolysis precludes evaluation  |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| BLANK .. Not examined microscopically  |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| 1-4 .. Lesion qualified as:  |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| 1) Minimal   3) Moderate   |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| 2) Mild   4) Marked  |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      |  | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |        |
|----------------------|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|--------|
| B6C3F1/N MICE FEMALE |  |             | 0731   | 0731   | 0631   | 0732   | 0732   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |        |                      |        |
| 10000ppm females     |  | 003351      | 003352 | 003355 | 003356 | 003357 | 003358 | 003359 | 003360 | 003361 | 003362 | 003363 | 003364 | 003365 | 003366 | 003367 | 003368 | 003369 | 003370 | 003371 | 003372 | 003373 | 003374 | 003375 | 003376 | 003377 | 003378               | 003379 |
|                      |  | ANIMAL ID   | 003351 | 003352 | 003355 | 003356 | 003357 | 003358 | 003359 | 003360 | 003361 | 003362 | 003363 | 003364 | 003365 | 003366 | 003367 | 003368 | 003369 | 003370 | 003371 | 003372 | 003373 | 003374 | 003375 | 003376 | 003377               |        |
|                      |  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |        |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Clitoral Gland

Ovary  
Follicle, CystUterus  
Adenomyosis  
Dilation  
Inflammation, Suppurative  
Cervix, Inflammation, Suppurative  
Endometrium, Hyperplasia, Cystic

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |  |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |  |
| X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| 2 | 2 | 2 | 2 | 2 | 1 | 2 | 1 |   | 1 | 2 |   | 2 | 2 |   | 2 | 1 | 1 | 3 | 3 | 1 | 1 | 1 |   |   |   |   |  |

## HEMATOPOIETIC SYSTEM

Bone Marrow  
Fibrosis

Lymph Node

Lymph Node, Mandibular  
Hyperplasia, LymphocyteLymph Node, Mesenteric  
Hyperplasia, Lymphocyte

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |  |
| 2 | 1 | 2 |   |   |   | 2 | 2 | 2 |   |   |   | 1 |   | 3 |   | 1 | 2 | + | 2 | 1 | 3 | 2 | 1 | 3 | 2 |   |  |
| 3 | 2 |   |   |   |   | 2 | 3 |   | 2 |   |   | 2 | 2 | 2 | 3 |   | 2 | + | 3 | 4 | 2 | 3 | 3 | 3 |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

## Hyperplasia, Plasma Cell

Spleen  
Extramedullary Hematopoiesis  
Hyperplasia, Lymphocyte  
White Pulp, Atrophy

Thymus  
Hyperplasia, Lymphocyte

## **INTEGUMENTARY SYSTEM**

## Mammary Gland

Skin

## MUSCULOSKELETAL SYSTEM

## Bone Femur, Fibro-Osseous Lesion

# **NERVOUS SYSTEM**

Brain  
Meninges, Infiltration Cellular, Mononuclear Cell

## **RESPIRATORY SYSTEM**

## Lung Pigment

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue  
 X .. Lesion present A .. Autolysis precludes evaluation  
 I .. Insufficient tissue BLANK .. Not examined microscopically

#### 1-4 Lesion qualified as:

Lesser qualified as:

- 1) Minimal    3) Moderate
- 2) Mild        4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | B6C3F1/N MICE FEMALE |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | females<br>(cont...) |
|--|--|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|  |  |             | 07<br>31             | 07<br>31             | 06<br>32             | 07<br>22             | 07<br>29             |                      |                      |
|  |  | ANIMAL ID   | 10000ppm females     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|  |  |             | 00<br>03<br>05<br>11 | 00<br>03<br>03<br>05 | 00<br>03<br>03<br>06 | 00<br>03<br>05<br>07 | 00<br>03<br>05<br>09 | 00<br>03<br>03<br>01 | 00<br>03<br>03<br>02 | 00<br>03<br>03<br>03 | 00<br>03<br>03<br>04 | 00<br>03<br>03<br>05 | 00<br>03<br>03<br>06 | 00<br>03<br>03<br>06 | 00<br>03<br>03<br>06 | 00<br>03<br>03<br>07 | 00<br>03<br>03<br>08 | 00<br>03<br>03<br>09 |                      |
| Nose                                       |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    |                      |
| Trachea                                    |  |             | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    |                      |
| <b>SPECIAL SENSES SYSTEM</b>               |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Eye  |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    |                      |
| Harderian Gland<br>Hyperplasia             |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 1                    |
| <b>URINARY SYSTEM</b>                      |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Kidney<br>Nephropathy, Chronic Progressive |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | A                    |
| Urinary Bladder                            |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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1-4 .. Lesion qualified as:

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Experiment Number: 20712 - 04

Test Type: CHRONIC

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Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                                    |  | DAY ON TEST      | B6C3F1/N MICE FEMALE  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             | * TOTALS |            |
|------------------------------------|--|------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------|-------------|----------|------------|
|                                    |  |                  | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 |             |             |          |            |
|                                    |  | 10000ppm females |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          |            |
|                                    |  | ANIMAL ID        | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8 | 0<br>0<br>8      | 0<br>1<br>9      | 0<br>2<br>0      | 0<br>3<br>3      | 0<br>3<br>3      | 0<br>3<br>8      | 0<br>4<br>5      | 0<br>5<br>6      | 0<br>6<br>7      | 0<br>7<br>8      | 0<br>8<br>9      | 0<br>9<br>0      | 0<br>1<br>2      | 0<br>2<br>3      | 0<br>3<br>4      | 0<br>4<br>5      | 0<br>5<br>6      | 0<br>6<br>7      | 0<br>7<br>8      | 0<br>8<br>9 | 0<br>9<br>0 |          |            |
| <b>ALIMENTARY SYSTEM</b>           |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          |            |
| Esophagus                          |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>49</b>  |
| Gallbladder                        |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Intestine Large, Cecum             |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Intestine Large, Colon             |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Intestine Large, Rectum            |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Intestine Small, Duodenum          |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Intestine Small, Ileum             |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Intestine Small, Jejunum           |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Liver                              |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>50</b>  |
| Basophilic Focus                   |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>2</b>   |
| Clear Cell Focus                   |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>8</b>   |
| Eosinophilic Focus                 |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>16</b>  |
| Mixed Cell Focus                   |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>1</b>   |
| Necrosis                           |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>4</b>   |
| Bile Duct, Cyst                    |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>1</b>   |
| Hepatocyte, Cytoplasmic Alteration |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>2.0</b> |
| Pancreas                           |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>1.8</b> |
| Cyst                               |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>1</b>   |
| Acinus, Hyperplasia                |  |                  |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |          | <b>1.0</b> |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>10000ppm females               | DAY ON TEST<br>ANIMAL ID | * TOTALS         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |       |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-------|
|  |                          | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 |   |       |
| Salivary Glands  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 48    |
| Stomach, Forestomach<br>Epithelium, Hyperplasia        |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
| Stomach, Glandular                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
| <b>CARDIOVASCULAR SYSTEM</b>                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |       |
| Blood Vessel   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
| Heart<br>Fibrosis<br>Infiltration Cellular, Mixed Cell |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
| <b>ENDOCRINE SYSTEM</b>                                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |       |
| Adrenal Cortex<br>Hypertrophy, Focal                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
| Adrenal Medulla  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49    |
| Islets, Pancreatic                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
| Parathyroid Gland                                      |                          | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | M                | +                | +                | +                | +                | +                | +                | + | 43    |
| Pituitary Gland<br>Pars Distalis, Hyperplasia          |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 4 2.8 |
| Thyroid Gland  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 48    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                  |           | DAY ON TEST           | B6C3F1/N MICE FEMALE  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                  |           |                       | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>4      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>4      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>4      |
| 10000ppm females | ANIMAL ID | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>8<br>0 | 0<br>0<br>3<br>2<br>1 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | * TOTALS              |
|                  |           | 7<br>3<br>0<br>7<br>6 | 7<br>3<br>0<br>7<br>7 | 7<br>3<br>0<br>8<br>8 | 7<br>3<br>0<br>8<br>9 | 7<br>3<br>0<br>0<br>1 | 7<br>3<br>0<br>2<br>2 | 7<br>3<br>0<br>3<br>3 | 7<br>3<br>0<br>4<br>4 | 7<br>3<br>0<br>5<br>5 | 7<br>3<br>0<br>6<br>6 | 7<br>3<br>0<br>7<br>7 | 7<br>3<br>0<br>8<br>8 | 7<br>3<br>0<br>9<br>9 | 7<br>3<br>0<br>0<br>0 | 7<br>3<br>0<br>1<br>1 | 7<br>3<br>0<br>2<br>2 | 7<br>3<br>0<br>3<br>3 | 7<br>3<br>0<br>4<br>4 | 7<br>3<br>0<br>5<br>5 | 7<br>3<br>0<br>6<br>6 | 7<br>3<br>0<br>7<br>7 | 7<br>3<br>0<br>8<br>8 | 7<br>3<br>0<br>9<br>9 | 7<br>3<br>0<br>0<br>0 | 7<br>3<br>0<br>1<br>1 | 7<br>3<br>0<br>2<br>2 |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Clitoral Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |
| Ovary                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |
| Follicle, Cyst                    |   |   |   |   |   |   | X |   |   | X |   | X |   |   | X |   |   | X | X |   | X |   | X |   |   | 11 |     |
| Uterus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Adenomyosis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Dilation                          | 3 |   |   | 3 |   | 4 |   |   |   |   |   |   |   |   |   | 4 | 4 |   |   |   |   |   |   |   |   | 8  | 3.1 |
| Inflammation, Suppurative         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 1  | 2.0 |
| Cervix, Inflammation, Suppurative |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 1  | 2.0 |
| Endometrium, Hyperplasia, Cystic  | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 3 | 1 |   | 3 | 1 | 1 | 2 | 2 |   | 3 | 1 | 1 | 1 | 4 | 1 | 1 |   | 40 | 1.7 |

## HEMATOPOIETIC SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Bone Marrow             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Fibrosis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |     |
| Lymph Node              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |     |     |
| Lymph Node, Mandibular  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |     |
| Hyperplasia, Lymphocyte | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 2  | 33  | 1.9 |
| Lymph Node, Mesenteric  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |     |
| Hyperplasia, Lymphocyte | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 1 | 2 | 4 | 1 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2  | 35  | 2.3 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Time Report Requested: 10:18:26

Route: DOSED FEED

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|   |  | DAY ON TEST | * Tissue Examined Microscopically |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS         |        |
|---|--|-------------|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|--------|
| B6C3F1/N MICE FEMALE                              |  |             | 0<br>7<br>3<br>0                  | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>4      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>4      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>4 |        |
| 10000ppm females                                  |  | ANIMAL ID   | 0<br>0<br>3<br>7<br>6             | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>8<br>0 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>6 | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>9<br>0 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>3<br>9<br>4 | 0<br>0<br>3<br>9<br>5 | 0<br>0<br>3<br>9<br>6 | 0<br>0<br>3<br>9<br>7 | 0<br>0<br>3<br>9<br>8 | 0<br>0<br>3<br>9<br>9 |                  |        |
| Hyperplasia, Plasma Cell                          |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                | 1 3.0  |
| Spleen  |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| Extramedullary Hematopoiesis                      |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                | 13 2.0 |
| Hyperplasia, Lymphocyte                           |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                | 39 2.9 |
| White Pulp, Atrophy                               |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                | 4.0    |
| Thymus  |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 48               |        |
| Hyperplasia, Lymphocyte                           |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 16               | 1.8    |
| <b>INTEGUMENTARY SYSTEM</b>                       |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| Mammary Gland                                     |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| Skin  |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| <b>MUSCULOSKELETAL SYSTEM</b>                     |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| Bone  |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                | 2.0    |
| Femur, Fibro-Osseous Lesion                       |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                |        |
| <b>NERVOUS SYSTEM</b>                             |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| Brain   |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                | 2.0    |
| Meninges, Infiltration Cellular, Mononuclear Cell |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                |        |
| <b>RESPIRATORY SYSTEM</b>                         |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| Lung  |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50               |        |
| Pigment   |  |             |                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                | 2.0    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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Experiment Number: 20712 - 04

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|  |  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B6C3F1/N MICE FEMALE                       |  |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |
| 10000ppm females                           |  | ANIMAL ID   | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>8 |
| Nose                                       |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Trachea                                    |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |
| <b>SPECIAL SENSES SYSTEM</b>               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye  |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Harderian Gland<br>Hyperplasia             |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| <b>URINARY SYSTEM</b>                      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney<br>Nephropathy, Chronic Progressive |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |
| Urinary Bladder                            |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |

\*\*\* END OF REPORT \*\*\*

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